



JAMES E. MCGREEVEY  
Governor

## New Jersey Office of the Attorney General

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS  
124 HALSEY STREET, 3RD FLOOR, NEWARK NJ  
www.state.nj.us/lps/ca/home.htm



PETER C. HARVEY  
Attorney General  
RENI ERDOS  
Director

Mailing Address:

P.O. Box 45015  
Newark, NJ 07101

(973) 504-6460

FAX: (973) 273-8020

### **APPLICATION FOR REINSTATEMENT OF NEW JERSEY LICENSE OR CERTIFICATE**

#### **YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR LICENSE OR CERTIFICATE IS REINSTATED**

Please type or print in black ink. This application must be completed, notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

#### **Complete the following information:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Type of License/Certificate \_\_\_\_\_ NJ License/Certificate Number \_\_\_\_\_

Initial License/Certificate Date \_\_\_\_\_ Date of Last Renewal \_\_\_\_\_

Type of practice involved in or employed in (check appropriate box):  
Proprietorship ' Corporation ' Partnership ' Professional Service Corp. '

If self-employed and you use a business address other than your home, complete the following:

\_\_\_\_\_ (Business Name)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Please answer the following questions on the reverse side:

If you are not self-employed, complete the following:

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Title or position \_\_\_\_\_

Answer all questions from the time period that you were last licensed or certified in New Jersey.

1. Have you been convicted of a crime? ' Yes ' No
2. Are there any criminal charges against you now pending?  
(Parking or speeding violations do not require you to answer "Yes", but all other motor vehicle offenses must be disclosed) ' Yes ' No
3. Has your professional license been revoked or suspended ' Yes ' No
4. Is any action now pending against your professional license  
or have you been permitted to surrender or otherwise relinquish  
your license to avoid inquiry, investigation or action by any state  
licensing board? ' Yes ' No

**\*\*\* PLEASE NOTE - If you have answered "Yes" to any questions from 1-4 above, you must provide an explanation and attach any and all related documents.**

5. I am requesting retired license status ' Yes ' No

Pursuant to N.J.S.A. 45:8-36.2 you must meet the following requirements to request retired status:

- a) I am 62 years of age or older ' Yes ' No
- b) I have been licensed for 25 years or more ' Yes ' No
- c) I shall not offer/practice professional engineering in the state of New Jersey while in Retired license status. ' Yes ' No

The fee for a retired license is \$40.00

### AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

\_\_\_\_\_  
Applicant's Full Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Full Signature

\_\_\_\_\_  
Date

Notary's Commission Expires on: \_\_\_\_\_